### Emergency Department Adult Skills

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<tr>
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<tr>
<td><strong>OR: ECG Challenge Test #DAHS-NGNECG-TEST (or complete an ECG Interpretation class)</strong></td>
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<td><strong>Burn Resuscitation Skills Checklist #DAHS-NSCBR14 Performs per UC Davis Health Policy 12018: Fluid Resuscitation for Burns</strong></td>
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<td><strong>Chest Tube Skills #DAHS-NSCCT13: Performs per UC Davis Health Policy 17002 Chest Tube Management</strong></td>
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<td><strong>Fluid Resuscitation Skills Checklist #DAHS-NSCFR14</strong></td>
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<td>Lumbar Puncture and/or Drain Skills Checklist #DAHS-NSCLPD14: Performs per UC Davis Health Policies 15008, Assisting with Diagnostic Lumbar Puncture and 15007, Care of the Patient with a Lumbar Catheter</td>
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<td>Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14</td>
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<td>Nurse Swallow Screen in Patients with Stroke Skills #DAHS-NSCNSSPS15: Performs per policy 15017 Dysphagia (Swallow) Screen for Adult Patients with Stroke and completion of online module #DAHS-NGNNSS17</td>
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<td>Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14</td>
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<td>Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14</td>
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<td>Precipitous Delivery Skills Checklist #DAHS-NSCPD14</td>
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<td>Rapid Sequence Intubation (RSI) in the ED Skills Checklist #DAHS-NSCRSIED</td>
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<td>Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14</td>
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<td>Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14</td>
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<td>Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21</td>
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<td>Tracheostomy Care Skills Checklist #DAHS-NSCTC15: Performs per UC Davis Health Policy 17003, Airway Management for Adult Patients</td>
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<td>Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS-NSCTCCPPDS14</td>
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<td>Using the Clipper Skills Checklist #DAHS-NSCUTC17</td>
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<td>Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSCVCMPA14</td>
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<td>Zoll R Series ALS Skills Checklist #DAHS-NSCRSALS17</td>
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<tr>
<th>Due Date:</th>
<th>New hire: prior to end of unit orientation period:</th>
<th>Current Staff:</th>
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**SIGNATURE PAGE:**

**Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:**

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**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies and Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

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REVISED OCTOBER 2021
### Emergency Department Adult Skills

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#### Adult Respiratory Assessment Skills Checklist #DAHS-NSCARA14

**References:**

1. Note type of oxygen delivery system, method of airway management and/or mode of ventilation.
3. Observe for rate, depth, pattern, symmetry, and effort of respirations. Observe for use of accessory muscles.
4. Observe for color and pallor of skin and mucous membranes.
5. Observe for color, quantity, odor and consistency of secretions.
6. Observe position of trachea.
7. Auscultate in an orderly manner all lung fields and describe lung sounds appropriately.
8. Palpate neck, chest, and shoulders to assess for the presence of subcutaneous air.
9. Monitor and document oxygen saturations and End Tidal CO₂ levels when appropriate.
11. Have available in the patient's room, and know how to use, necessary respiratory equipment.
12. Locate/describe emergency respiratory equipment.
13. Document all pertinent information in the appropriate locations.

#### Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14

**References:**

1. UC Davis Health Policy 13010: Peripheral Arterial Line Management
2. UC Davis Health Policy 13046: Drawing Laboratory Specimens via the Arterial Line

State indications for arterial pressure monitoring.

- Identify the common sites of insertion.
- Assemble the necessary equipment for arterial line insertion.
- Place the air-fluid interface of the transducer system at the level of the phlebostatic axis.
- Zero the transducer to atmospheric pressure prior to insertion, and PRN.
- Assist with the insertion of the arterial catheter after an Allen's test has been performed.
- Identify the normal arterial waveform and trouble-shoot deviations as necessary.
- Compare the invasive arterial blood pressure measurement (direct), with the indirect method of sphygmomanometry (BP cuff).
### Emergency Department Adult Skills

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#### Arterial Pressure Monitoring Skills Checklist #DAHS-NSCAPM14, continued

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- Monitor circulation, sensation, and motor function distal to the insertion site Q2 hrs and document findings in the EMR.
- Observe for blanching of the skin at the insertion site or distally, during flushing of the line.
- Obtain blood samples from the arterial line according to UC Davis Health Policy 13046 Drawing Laboratory Specimens via the Arterial Line.
- Change the dressing, tubing, and flush solution according to UC Davis Health Policy 13010 Peripheral Arterial Line Management. Assess the site for signs and symptoms of infection.
- Discontinue the arterial line when indicated or ordered and hold direct pressure over the site for five to ten minutes, or until bleeding stops.
- Report to physician and document all pertinent information.

#### Basic Dysrhythmia Detection and Treatment Skills Checklist #DAHS-NSCBDDT15

**References:**
2. Elsevier Skills for review: Cardiac Monitor Setup and Lead Placement

**Successful completion of CPPN EKG Interpretation Course OR ECG Challenge Test #DAHS-NGNECG-TEST may be in place of this skill checklist. This skill does not replace completing the EKG Interpretation Course.**

- Describe the electrical conduction system of the heart.
- Explain the waves and intervals of the normal EKG and their significance.
- Identify sinus dysrhythmia and discuss the causes/treatments.
- Identify atrial dysrhythmia and discuss the causes/treatments.
- Identify junctional dysrhythmia and discuss the causes/treatments.
- Identify Supraventricular dysrhythmias and discuss the causes/treatments.
- Identify Ventricular dysrhythmias and discuss the causes/treatment.
- Identify Torsade de pointes and discuss the causes/treatments.
- Identify life-threatening dysrhythmias and discuss the causes/treatments.
- Identify heart blocks and discuss the causes/treatments.
**Emergency Department Adult Skills**

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### Belmont Fluid Management System #DAHS-NSCBFM16

**References:**
1. UC Davis Health Policy 13012: Administration of Blood and Blood Components

| Properly installs disposable set to Belmont FMS 2000 fluid management system (rapid infuser) |
| Demonstrates turning power on, priming system/patient line and connecting system to patient |
| Demonstrates how to adjust infusion rate |
| States when to replace reservoir chamber |
| Identifies operational, heating and internal system fault alarms and troubleshooting – refers to Operator’s Manual or Quick Reference Guide as needed |

---

### Bi-PAP Skills Checklist #DAHS-NSCBP14

**References:**

| Describe BiPAP. |
| Identify the most common indications for BiPAP use. |
| State contraindications for BiPAP use. |
| State patient characteristics for successful use of BiPAP. |
| Monitor the patient and assess for possible complications. |
| Identify the most common reasons for alarms. |
| Identify criteria to discontinue BiPAP. |

---

### Blood Draws Skills Checklist #DAHS-NSCBD14

**References:**
1. UC Davis Health Policy 13027: Blood Draw From Central Venous Catheters
2. UC Davis Health Policy 13029: Venipuncture Verification and Blood Withdrawal
3. NCCLS (CLSI) clinical laboratory guideline
4. UCDH Laboratory Users Guide

| State the importance of correct serum lab specimen collection. |
| Select appropriate blood specimen tubes, obtain correct labels. |
| Choose method of blood draw: venipuncture, arterial puncture, central or arterial line draw. |
| Verify identity of patient. |
| Explain the procedure to the patient. |

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### Blood Draws Skills Checklist #DAHS-NSCBD14, continued

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- Obtain specimen per patient care standards. Observe standard precautions and use appropriate safety devices.
- Handle specimen appropriately.
- Compare lab results to normal values and the patient’s previous results.
- Documentation on electronic record flowsheet.

### Cardiac Pain Assessment & Management Skills Checklist # DAHS-NSCCPAM14

**References:**
4. JCAHO Core Measures 2011
5. UC Davis Health Standardized Procedure II-22: Nursing Intervention in the Event of Certain Medical Emergencies in Adult Patients

**Assess the chest pain to determine if it is cardiac ischemic in origin. Utilize the 0-10 pain scale and the PQRST scale.**

**Diagnostics and Interventions:**
- a. Place patient on cardiac, pulse oximetry and automatic BP monitor.
- b. Obtain/review 12-lead ECG during chest pain episode.
- c. Assess for signs of hypoxemia; administer oxygen therapy as indicated.
- d. Establish IV and draw and review cardiac labs.

**Administer medications as MD ordered:** Nitroglycerin sublingual or spray; IV Nitroglycerin infusion; Morphine Sulfate IV, ASA, and beta-blockers, if stable. State the rationale of the above treatment and the patient monitoring requirements.

**Provide continuous ECG monitoring to evaluate ST, T-wave changes and detect dysrhythmia development.**

**State the overall goals of treatment in the management of pain related to myocardial ischemia.**

**Assess level of anxiety and indicate means to alleviate it.**

**Reassess patient after each intervention. Alert MD if no improvement.**

**Anticipate other medications and interventions that might be indicated.**

**Document all assessments, interventions, medications and responses.**
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#### Cardiac Tamponade Skills Checklist # DAHS-NSCCT14

**References:**

2. Thelan’s Critical Care Nursing fifth edition. Urdenn Stacy, and Lough

- Discuss the mechanism of cardiac tamponade. Identify who is at risk and why.
- Identify clinical signs and symptoms of cardiac tamponade.
- Discuss situations that would lead the nurse to suspect cardiac tamponade in the cardiac surgery patients. What measures should be instituted to confirm the diagnosis?
- What is the treatment for cardiac tamponade?

#### Central Venous Pressure Monitoring in the Emergency Department #DAHS-NSCCVPMED16

**References:**

- Identify 4 indications in which a central venous pressure (CVP) line might be indicated/used
- List the equipment needed for setting up and monitoring CVP through a non-tunneled infusion central venous catheter
- State where above equipment is located in the emergency department
- Identify 4 locations a non-tunneled infusion central venous catheter can be inserted to effectively monitor CVP
- Identify which port is used to monitor the CVP on a non-tunneled infusion central venous catheter
- Demonstrate/Explain the setup of the CVP line and indications for calibrating (zeroing) the line, and correct placement level of the transducer
- Identify a CVP waveform on the monitor
- Discuss the expected normal values for CVP and what abnormal values may indicate.

#### Cervical Collar Skills Checklist #DAHS-NSCCC14

**References:**

- Demonstrate proper placement of cervical collar, changing collar, and skin assessment.
- Describe procedure for skin care, including care of pressure or other high-risk areas and proper documentation.
- State when and how to obtain a hard cervical collar.
- Demonstrate how to change a hard cervical collar and replace pads.
- Document all necessary information.
### Endotracheal Intubation and Mechanical Ventilation Skills Checklist #DAHS-NSCEIMV14

#### References

1. Identify indications for endotracheal intubation and mechanical ventilation.
2. Assemble the necessary equipment for the insertion of the ETT.
3. State nursing responsibilities during intubation.
5. Assess proper cuff inflation.
6. Describe various modes/methods of ventilation.
7. Perform ventilator checks and breathe sound auscultation every two hours and document appropriately.
8. Perform alarm checks for all ventilation parameters.
9. Auscultate breath sounds and vital signs every two hours.
10. Suction patient as needed.
11. Monitor for changes in oxygenation saturations.
12. Properly and safely stabilize airway.
13. Administer paralytics and sedatives as ordered.
14. State conditions to be reported to physician.
15. Describe screening criteria for SBT.
16. Monitor patient carefully during SBT.
17. Assemble equipment necessary for extubation.
18. Perform extubation.
19. Assess the patient after extubation and initiate post-extubation care.
20. Document all pertinent data.
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**End-Tidal Carbon Dioxide Monitoring Skills Checklist #DAHS-NSCETCDM15**

**References:**
1. Elsevier Skills
   - Capnometry and Capnography
2. End-Tidal Carbon Dioxide Measurement: Continuous Monitoring

- If the patient was not intubated, applied the ETCO2-nasal cannula and connected it to the capnograph.
- If the patient is intubated, assembled the airway adapter, and connected it to the patient circuit as close as possible to the patient’s ventilator connection.
- Observed waveform for quality.

**Fluid Resuscitation Skills Checklist #DAHS-NSCFR14**

**References:**
1. ATLS, Advanced Trauma Life Support for Doctors, 8th Ed., 2008

- Assess for signs/symptoms of hypovolemia.
- Notify charge nurse and MD of evidence of hypovolemia.
- Administer fluids as ordered. State rationale, volume and rate for each. (Crystalloids, Colloids, Blood Products)
- Obtain and review any additional hemodynamic, lab, and diagnostic assessments.

**Gastrostomy Tube Skills Checklist #DAHS-NSCGT14**

**References:**
1. UC Davis Health Policy 8011: Enteral Nutrition for Adult Patients

- Assess gastrostomy tube and provide site care.
- Demonstrate how to correctly administer medications and feedings.
- Identify medications that may not be given via gastrostomy tube

**HeartMate II VAD Aware Training Online Module #DAHS-NGNVADA15**

Completion of HeartMate II VAD Aware Training Online Module #DAHS-NGNVADA15
### HOTLINE® Fluid Warmer Equipment Checklist #DAHS-NSCHFWE16

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<tr>
<th>Reference</th>
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<tbody>
<tr>
<td>1. HOTLINE® Blood and Fluid Warmer Operator’s Manual</td>
<td>Check fluid reservoir, ensure level of fluid is above minimum indicator (add recirculating solutions to the reservoir through the fill port if required).</td>
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<td></td>
<td>Plug in HOTLINE® - does not contain batteries</td>
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<td>Remove the reflux plug from socket on right side of HOTLINE® Warmer</td>
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<td>Plug the twin-Tube Connector on the HOTLINE® Fluid Warming Set into the socket</td>
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<td>Turn ON the power switch (green operating LED illuminates, the recirculating temperature display will begin to increase, the recirculating solution path in the HOTLINE® will automatically prime). Ensure recirculating path is fully primed before connecting to IV fluid.</td>
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<td>Remove the end cap of warming set and inspect tubing; confirm integrity of the IV pathway. Ensure there is no breach between the recirculating solution path and the patient’s IV path</td>
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<td>Connect the IV fluid and IV administration set to the HOTLINE® Fluid Warming Set</td>
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<td>Fully prime the IV administration set, the HOTLINE® Fluid Warming Set, and patient extension set (if used)</td>
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<td>Connect the distal end of the HOTLINE® Fluid Warming Set to the patient’s IV access site without entrapping air</td>
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**WARNINGS:**
1. Remove all air in lines
2. Do not stick the HOTLINE® Fluid Warmer Set with needles
3. Do not use if temperature rises above 42°C
4. Do not use with pressure devices generating over 300 mmHg. See Operator’s Manual for additional information

**After Use:** Turn OFF power switch, insert reflux plug into socket, dispose of blood tubing, wipe down external surfaces with mild liquid detergent soap and warm tap water and soft cloth

### Intoximeter Skills Checklist #DAHS-DAHS-NGNISC18

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<td>Review education module.</td>
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<td>Demonstrate the Intoximeter device components and their function.</td>
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<td>Demonstrate proper use of the intoximeter device using the manual sampling method.</td>
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<td>Document result in the POCT section of the EMR</td>
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<td>State how to care for the device which includes cleaning, storage and changing the batteries (two AA)</td>
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## MDI with Spacer Skills Checklist #DAHS-NSCMDIS14

**References:**
1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)

- Demonstrate knowledge of how the Pharmacy is notified for MDI.
- Verbalize how to administer MDI with Spacer correctly.
- Prior to and immediately after use of inhaled bronchodilators, antibiotics and steroids, the patient’s pulse, respiratory rate and breath sounds are assessed. Also, any cough or mucous production may be noted.
- Verbalize when to notify Respiratory Therapy or Pharmacy.
- Demonstrate documentation of teaching.

## Neuromuscular Blocking Agents (NMBA) Skills Checklist #DAHS-NSCNBA14

**References:**
1. UC Davis Health Policy 13036 Monitoring and Care of the Adult ICU Patient on Neuromuscular Blocking Agent

- Describe mode of action. Also, for the commonly used NMBAs describe: dosage range, duration of action, interactions with other medications, adverse reactions.
- Post signs that patient is receiving paralytics.
- Ensure that narcotics and/or sedatives are administered concurrently with paralytic’s administration.
- Frequently repeat systems assessment, including use of peripheral nerve stimulator.
- After DC of paralytic, perform a systems assessment and compare to baseline assessment.

## Obtaining a 12-Lead ECG Skills Checklist #DAHS-NSCOLE14

**References:**
1. Structure Standards: Critical Care, Telemetry, Maternal Child Health

- Demonstrate use of 12-lead ECG available in area.
- Place patient supine and provide for patient privacy.
- Enter patient data prior to obtaining 12-lead ECG.
- Correctly place leads, ensure that there is no tension on the cable.
- Obtain 12-lead reading, recognize proper tracing, trouble-shooting artifact.
**Emergency Department Adult Skills**

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**Organ Procurement (Adult) Skills Checklist #DAHS-NSCOPA14**

**References:**
1. UC Davis Health Policy 4090: Organ Donation After Circulatory Death
2. UC Davis Health Policy 1562: Anatomical Donations

| Identify the causes, clinical criteria and diagnostic tests for brain death. |
| Identify potential donors. |
| Describe how to notify the regional organ procurement center, the role of the transplant coordinator |
| Identify, perform and document goals of management for the potential organ donor patient. |
| Notify the physician of any changes in patient condition. |
| Document all pertinent information. |

**Precipitous Delivery Skills Checklist #DAHS-NSCPD14**

**References:**
1. UC Davis Health Policy 16001: Birth Outside of Labor and Delivery (L&D)

| Able to list people to be notified regarding a delivery. |
| Assemble equipment needed for infant delivery. |
| List equipment stocked on radiant warmer. |
| List steps to follow if delivery occurs before physician arrival. |
| State how to assess the APGAR. |
| Place identification bands on infant and mother and designated other person. |

**Rapid Sequence Intubation (RSI) in the ED Skills Checklist #DAHS-NSCRSE14**

**References:**
1. Complete RSI Skill Quiz
2. ACLS and PALS Certified
3. UC Davis Health Policy 17003: Airway Management for Adult Patients
4. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation (RSI)

| Ensures all appropriate size emergency equipment is available and functional. Place all monitoring equipment on the patient correctly. |
| Administer medications as ordered by physician. |
| Verify endotracheal tube placement (CO2 detector or capnography, symmetrical chest rise, bilateral breath sounds) and document all pertinent information. |
| Demonstrate understanding of drugs used for RSI by passing Skill quiz with at least 80% accuracy. |
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### Respiratory Emergencies and Equipment Skills Checklist #DAHS-NSCREE14

**References**

1. UC Davis Health Policy 17020: Inhaled Pulmonary Drug Administration (Excluding Pentamidine/Ribavirin/Surfactant)
2. Textbook of Advanced Cardiac Life Support, 2006
3. UC Davis Health Policy 13035: Administration of Medications for Rapid Sequence Intubation in Adults
4. Wells and Murphy, Manual of Emergency Airway Management, 2004

Demonstrate ability to regulate oxygen flow via thumbscrew controller of O2 flow meter; identify types of patients likely in need of O2 administration.

Describe use of and demonstrates proficiency in use of O2 equipment

Demonstrate setup for endotracheal intubation including equipment and drugs commonly used and state indication for ET intubation. (See PCS XIII-35)

Identify basic concepts of what alarms indicate and rationale for never turning alarms off.

Describe or demonstrate preparation of a patient for emergent cricothyrotomy or tracheostomy; locates essential equipment;

Successfully demonstrate ET tube, tracheal and nasal/oral suctioning of airways using correct equipment and technique.

Describe or demonstrate preparation of patient for a thoracentesis including obtaining necessary equipment; state indications for procedure and function.

Document all respiratory treatments, medications, related procedures, assessments, interventions, and the effects of each. Re-assess patient’s status PRN as indicated by the patient’s condition. Obtain MD order for paralytics and sedatives in order to maintain control of patient, patient’s airway, and patient’s comfort.

Demonstrate use of pulse oximetry for monitoring patient.

### Temporary Transvenous /Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14

**References:**

1. Medtronic Technical Manual Model #5388

Identify indications for temporary pacing.

Set up equipment necessary for insertion of transvenous pacemaker.

Prepare skin around insertion site.

Assist physician with insertion of transvenous pacemaker.

Initiation of temporary transvenous pacing or epicardial pacing

Determine the stimulation (capture) threshold (output/mA) once a shift and PRN

Determine the sensing threshold (sensitivity/mV) once a shift and PRN

Set the rate and the A-V interval (if A-V sequential).

Monitor the patient's ECG for proper pacer functioning (troubleshoot for loss of capture, sensing or failure to fire).
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<th><strong>Temporary Transvenous / Epicardial Pacemaker Skills Checklist #DAHS-NSCTTEP14 (Continued)</strong></th>
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<td><strong>Monitor the patient’s response to pacing.</strong></td>
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**Thrombolytic Therapy (Tenecteplase or Alteplase) Administration and Monitoring for Acute Ischemic Strokes # DAHS-NGNTNK21**

**References:**
- UC Davis Health Clinical Policy 15019 Acute Management of Stroke

- States the “golden hour” for evaluating and treating acute stroke and the time frame for starting thrombolytic (TNK or tPA) administration with eligible patients
- Identifies when the patient was last seen without stroke symptoms
- Ensures a thorough assessment, including a complete history and physical examination, and ensured that a non-contrast head CT scan or other appropriate radiographic study was performed and interpreted
- Assesses the patient for specific contraindications prior to receiving thrombolytic therapy and advise the practitioner accordingly.
- Assesses blood glucose and treated hypoglycemia if present
- Articulates when and where to obtain a consent form for thrombolytic therapy if requested by MD
- Provides routine stroke care as prescribed
- Establishes two IV access sites when indicated
- Establishes continuous cardiac monitoring
- Demonstrates proper calculation, preparation, and infusion of thrombolytic medication. Identifies the correct dose based on the patient’s weight. Ensures that the total dose does not exceed maximum parameters.
- States importance of and frequency of vital signs, neurological checks, and other assessments BEFORE, DURING and POST infusion of thrombolytic medication.
- Institutes fibrinolytic bleeding precautions and verbalizes what actions to take if adverse reaction(s) noted (neurological changes, BP, bleeding, etc.) with thrombolytic administration.
- Discusses patient/caregiver education for thrombolytic administration.
- States the most common complications encountered during thrombolytic therapy.
- States the desired systolic and diastolic BP for patients undergoing treatment for an acute ischemic stroke.
- Documents all pertinent data accurately.
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**Transporting Critical Care Patients to Procedure or Diagnostic Study Skills Checklist #DAHS- NSCTCCPPDS14**

**References:**

Identify the circumstances, which may prohibit the transport of a patient or require physician attendance.

Contact the procedure area and all personnel needed to coordinate the transport.

Assemble the necessary equipment and medications for transport, including patient’s chart

Ensure that all IV lines, catheters, tubes and wires are secure.

Accompany the patient during transport and continually monitor the patient.

**Using the Clipper #DAHS-NSCUTC17**

**References:**
1. Describes the indications and contraindications for clipper use in the ED.
2. Assesses patient’s skin prior to clipping for skin tags, warts, moles or other skin anomalies.
3. States the most common complications encountered during clipper use and the nursing interventions required.
4. Demonstrates proper use of the clipper which includes cleaning and storage of the clipper.

**Vasoactive Cardiac Medications, Parental Administration Skills Checklist #DAHS-NSVCMPA14**

**References:**
1. UC Davis Health Policy 13033: Administration of Adult and Pediatric IV Medications
2. Micromedex (Healthcare Series)

Identify indications, mode of action, contraindications, and adverse reactions of common parenteral vasoactive cardiac medications.

Determine the concentration and rate of medication infusion. State the therapeutic range of the infusion.

Administer medication via an infusion pump. Infuse via a central venous line whenever possible.

Perform systemic assessment prior to initiation and during administration of medication.

Continuously monitor the ECG and frequently monitor the arterial pressure.

Titrate the infusion to obtain the desired hemodynamic or cardiac effects.
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### Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17

**Completed the assigned ZOLL R Series ALS Defibrillator Online Modules in UC Learning.**

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#### TEST MODE

- Successfully demonstrates 30 Joule defibrillator test.
- Can check and change paper.

#### AED/MANUAL MODE

- Can turn on device and convert from AED to manual mode.

#### MONITOR MODE

- Applies 3-lead or 12-lead ECG.
- Locates Recorder key and prints a strip.
- Access HR menu and demonstrate how to change settings.
- Locate NIBP soft key and activate manual BP measurement.
- Access NIBP menu and verbalize options.
- Demonstrate how to change NIBP alarm settings.
- Change NIBP mode from Manual to Automatic.
- Change Automatic mode intervals.
- Access SpO2 menu and verbalize options.
- Access CO2 menu and verbalize options.

#### MANUAL DEFIBRILLATION

- Locates multifunction cable.
- Confirms shockable rhythm.
- Selects defibrillator mode (red).
- Presses Energy Select or Charge button.
- Tells everyone to stand clear.
- Delivers shock at desired energy level.
- Defines and adjusts energy levels for Adults (120, 150, 200J) and Pediatrics (2-4J/kg).
**Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17 (Continued)**

**CPR FEEDBACK**
- Demonstrates steps to fill CPR Index™ – understands proper rate/depth.
- Shows that if rate is too slow, metronome beeps and **Rate** prompt appears.
- Speeds up to silence metronome and allow the **Rate** prompt to disappear.
- Shows that if depth is too shallow, the **Depth** prompt appears on the screen.
- Pushes hard to allow **Depth** prompt to disappear.
- Demonstrates understanding of See-Thru CPR® filtered ECG.

**SYNCHRONIZED CARDIOVERSION**
- Puts device into SYNC mode.
- Selects desired energy.
- Presses charge button.
- Tells everyone to stand clear.
- Delivers synchronized shock.
- States and demonstrates that SYNC must be activated for each and every synchronous cardioversion.

**PACING**
- Turns up pacing output (mA) until capture is achieved – identifies capture.
- Adjusts pace rate.
- Understands pausing for visualizing patients underlying rhythm.

**PADS**
- Connects OneStep™ pads to OneStep cable (or other pads/paddles if applicable).
- Opens OneStep packaging correctly
- Demonstrates proper pad placement for defibrillation, pacing, and cardioversion.
- Identifies CPR Sensor and explains its purpose.
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### Zoll R Series ALS Skills Checklist # DAHS-NSCRSALS17 (Continued)

#### INTERNAL PADDLES
- Understands how to connect internal paddles to OneStep™ cable.
- Selects defibrillator mode (red).
- Understands 10J default energy level with range of 1 to 50 Joules.

#### SUPERUSER/TRAINER
- Demonstrate how to use additional options (Mentor mode, Set the clock, etc.).
- Understands how to change parameter settings (NIBP, ETCO2, SpO2).
- Understands purpose of Code Marker.
- Can access data from the code (Print Chart, Print Log, or Transfer Data).
- User demonstrates sufficient understanding of device to train other users in its use.